

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/506746

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			1			
TOTAL DEP.			15			
TOTAL CLAIMS			16			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.												
TOTAL CLAIMS												